

NC SOAR Dialogue

March 2026



NC COALITION to
HOMELESSNESS end

SOAR and SSA Updates

SOAR Updates:

- Next SOAR Plus Training: June 4th and 5th – May Registration Link will be available Mid-May
- SOAR 101 – NCCEH Workshop series July 21st (contact liz.carbone@ncceh.org for details/registration)
- SOAR FAST (Functional Assessment Statement) will be accepted for SOAR Certification

SSA Updates:

- Emily Brown, AWIC, will attend April 21st SOAR Dialogue to Answer SOAR Annual Questions
- Phone/Internet Services Discounts available for eligible consumers (Living on tribal land \$35 discount/Individuals receiving SSI, Medicaid, etc. \$10 discount) Info available on SSA's advocate webpage
- CDRs (Continuing Disability Reviews) will no longer be processed by Disability Determination Services; they will be processed by the federal processing site, Disability Case Review in an effort to improve services and increase accountability – SSA is hoping this change will decrease the time to decision

NC SOAR FAST Review



Intro Section

- **Applicant Name:**
Social Security Number (SSN):
Date of Birth (DOB):
- Dear DDS Examiner,
- **Introduction**
- Introduce yourself and your role (e.g., name, organization, appointed representative, Rep ID#). Include a statement like this: “I have collected and reviewed the applicant’s treatment records and conducted detailed interviews with the applicant, as well as [specific collateral sources] and [# employers]. This report summarizes the applicant’s symptoms, treatment, and functional limitations.” Next, describe the applicant, including their height and weight, as well as their general appearance and current living situation. Provide examples of your interactions with the applicant, noting observations of their mannerisms and the symptoms of their illnesses or conditions. List all of the applicant’s physical and mental health diagnoses. Finally, state when the applicant was last able to work.
- ******DO NOT SEND CLAIMANT’S INFO TO ME FOR REVIEW – USE FAUX NAME**



Work History Section

Occupational History

- Please provide a discussion of the applicant's employment and military history for the five years leading up to the date they became unable to work. This should include any informal or unrecorded work activities. List all places of employment along with the respective dates worked, and be sure to ****bold the last date of work**** or the last date they earned at a substantial gainful level. Describe any assigned tasks that the applicant was unable to complete due to their illnesses or conditions, as well as the reasons for the jobs ending. Explain how their impairments impacted their job responsibilities and task assignments. Furthermore, discuss the applicant's relationships with supervisors and co-workers, and how any difficulties in these relationships relate to their current symptoms and functioning. Including direct quotes or information from employers can help strengthen this section.



Physical Health Section

Physical Health Treatment

- **Diagnoses**
- List physical health diagnoses.
- **Treatment**
- **Treatment Provider 1**
- Include a sub-heading for each medical evidence source.
- Include details about the visit, **bolding** key information related to the applicant's symptoms and functional impairments.
- **Bold** the test results or symptoms that meet the relevant [Listings of Impairments](#).



Mental Health Section

Mental Health Treatment

- **Diagnoses**
- List mental health diagnoses.
- **Treatment**
- **Treatment Provider 1**
- Include a sub-heading for each medical evidence source.
- Include details about the visit, **bolding** key information related to the applicant's symptoms and functional impairments.
- **Bold** the symptoms that meet the relevant [Listings of Impairments](#).
- If the applicant does not have much treatment history, review their symptoms and explain why treatment was not received.



Substance Use Section

Substance Use

Diagnoses

- List each diagnosis.
- If applicable, discuss the applicant's history of substance use and their reasons for using.
- **Treatment**
- **Treatment Provider 1**
- Include a sub-heading for each treatment provider.
- Include details about the engagement, **bolding** key information related to the context of the applicant's substance use.
- **Materiality**
- Provide examples of how they continued to experience symptoms of their diagnoses during times of non-use.

Functional Info Section

The applicant's trauma-related symptoms lead to significant impairments across multiple areas of functioning, impacting their overall quality of life.

Understand, Remember and Apply Section These challenges highlight a critical impairment that significantly affects their daily functioning.

Interact with Others The severity of these social difficulties limits their ability to form meaningful relationships.

Concentrate, Persist or Maintain Pace These concentration issues significantly hinder their productivity and performance.

Adapt or Manage Oneself

These severe adaptive impairments hinder their ability to maintain independence and stability in daily life.



Understand, Remember or Apply Information

1. **Understanding or Applying Information** The applicant experiences severe difficulties in processing and applying information. According to their case worker, "the applicant often struggles to follow multi-step instructions," leading to confusion, especially in work and home environments. In a recent vocational assessment, the applicant was unable to complete a basic task involving written instructions.



Interact with Others

2. Interacting with Others Social interactions are a major challenge for the applicant. They reported feeling "overwhelmed in social situations," which leads to anxiety and avoidance. A close friend noted that the applicant "seems to shut down" during group conversations, demonstrating a fear of judgment linked to past trauma. This withdrawal has resulted in isolation.

Concentrate, Persist or Maintain Pace

3. Concentrating or Maintaining Pace The applicant exhibits pronounced difficulties with concentration and maintaining pace. They stated, "I often lose my train of thought" and require frequent breaks to refocus. Medical records indicate attention deficits exacerbated by trauma. During job trials, the applicant struggled to complete tasks on time.

Adapt or Manage Oneself

4. **Adapting or Managing Oneself** The applicant also has trouble adapting to changes and managing daily activities. A therapist noted they "feel paralyzed when faced with unexpected changes," which causes anxiety. Family members have observed that the applicant needs external reminders for basic self-care tasks.



Summary

- Due to the symptoms and limitations resulting from [Applicant's name] diagnoses of [List physical and mental health diagnoses], [Applicant's name] has been unable to work at a Substantial Gainful (SGA) Level. All records used to populate this report will also be submitted with the applicant's claim.
- Please contact me for any additional information at [Your phone number].
- Sincerely,
- [SOAR case worker name and contact information]
- [Signature of SOAR case worker]
- [Acceptable Medical Source name and contact information]
- [Signature of Acceptable Medical Source]

Time for Q&A and Case Conferencing

Thanks for your attendance and participation this month!!!!

Contact NCCEH

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NCEndHomelessness 

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Contact us re: SOAR

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